

FORM B-11

STATE OF NEW JERSEY
UNEMPLOYMENT COMPENSATION COMMISSION
**NOTICE TO EMPLOYER OF CLAIM FOR
BENEFITS**

This worker, who stated that his last employment was with you, filed
a claim for benefits on 12-31-40 Wage records on
file in this office indicate that said worker is eligible for such benefits.

Newark Eagles Baseball Club
61 Montgomery St.
Newark, N. J.

If you have any objections to payment of this claim, check the appropriate item in the adjoining column and return original copy within seven days from date to this Commission at Trenton, N. J.

Date JAN - 9 1941

Edward J. Hall
Chief of Benefits.

DARLTIE COOPER

114 W. MARKET ST.
NEWARK, N. J.

7900
31 M
623-010

- ☐ Has been employed, by us, since date of filing claim, during weeks ending as follows (Dates).....
- ☐ Was discharged by us for misconduct on (Date).....
- ☐ Left work, voluntarily, without good cause on (Date).....
- ☐ Refused to accept suitable work, offered by us, on (Date).....
- ☐ Is unemployed due to a labor dispute.
- ☐ Other reasons. (State on additional sheet attached to this form.)

SIGNATURE

OFFICIAL TITLE

